



Donation Form

I would like to donate the following amount \$ _____ to Ride On St Louis.

Name (Please Print): _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ email: _____

PLEASE MAIL YOUR CHECK ALONG WITH THIS FORM TO
THE ADDRESS AT THE BOTTOM OF THIS PAGE

CHECK ENCLOSED & PAYABLE TO: ROSL

**IF YOU WOULD LIKE TO DONATE BY CREDIT CARD, PLEASE PROVIDE
THE FOLLOWING INFORMATION:**

CHARGE TO: MASTERCARD _____ OR VISA _____

ACCOUNT NUMBER# _____ EXP. DATE _____

SIGNATURE: _____

Reminder.....Your company may have a matching gift program, so please
send along the form to help ROSL even more!!

**ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE EXTENT OF THE LAW,
PLEASE CONSULT YOUR TAX ADVISOR**

**Ride On St Louis
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Kimmswick, MO 63053
636-464-3408
www.rideonstl.org**